

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3170AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2009
NAME OF PROVIDER OR SUPPLIER FELIS CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1042 FEATHERWOOD AVE HENDERSON, NV 89015		
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Y 000	<p>Initial Comments</p> <p>Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation conducted at your facility on 10/8/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and three employee files were reviewed. Four discharged resident files were reviewed. The facility received a grade of D.</p> <p>Complaint #NV00023127 was substantiated. See Tag Y755.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 026 SS=E	<p>449.190(3) Contents of License-Multiple Types</p> <p>NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and</p>	Y 026		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	<p>Continued From page 1</p> <p>services.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation, record review and interview on 10/8/09, the facility was caring for 2 of 7 persons (Resident #1 and #4) with Alzheimer's disease without an endorsement and failed to obtain the necessary training to care for such persons.</p> <p>Findings Include:</p> <p>Resident #1 was admitted to the facility 10/1/09. Resident #1 had a physical dated 9/25/09 that documented diabetes, Alzheimer's type dementia, urinary infection, poor hearing and poor memory. Resident #1 was transferred into the facility from a memory care unit at the prior facility. Interview with staff at the prior facility revealed Resident #1 was in the memory care unit because she had Alzheimer's Disease. A medication review dated 9/5/09 documented Resident #1 was prescribed Aricept (mild to moderate Alzheimer's dementia) 10 Milligrams (MG) take one tablet by mouth every day, and Namenda (moderate to severe dementia of the Alzheimer's type) 10 MG one tablet by mouth twice a day. On 10/8/09 Resident #1 was asked questions for a Standard Assessment for Cognitive Safety, the resident was oriented to person and place and scored a 2 on the test. Resident #1 called out for help several times during the survey and repeatedly asked "why am I here"?</p> <p>Resident #4 was admitted to the facility 8/1/09. The facility failed to provide evidence of a pre-admittance physical. A Standard Placement</p>	Y 026			

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Y 026	Continued From page 2 Determination signed by an advanced practice nurse (APN) dated 7/24/09 documented Resident #4 should be placed in a residential facility which provides care to persons with Alzheimer's disease or related dementia. Resident #4 was prescribed Aricept (mild to moderate Alzheimer's dementia) 5 MG one tablet by mouth every day. Resident #4 was asked questions for a Standard Assessment for Cognitive Safety and scored a five. An alarm was noted on the front door and sliding glass door to the rear of the facility when asked about the alarms Employee #1 stated the facility used the alarms because Resident #4 and Resident #5 wander from the facility. Severity: 2 Scope: 2	Y 026			
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by: Surveyor: 28276	Y 050			

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Y 050	Continued From page 3 Based on interview, record review and observation on 10/8/09, the administrator failed to provide oversight and direction to the staff to ensure 7 of 7 residents receive the needed services and protective supervision they required. Please refer to Tags Y026, Y521, Y755 This was a repeat deficiency from the 6/12/09 Complaint investigation survey. Severity: 2 Scope: 3	Y 050		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/8/09, the facility failed to ensure 3 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1, #2 and #3) for the protection of all residents. Employee #1 failed to provide documentation of a positive TB test. Employee #2 failed to provide documentation of a pre-employment physical or a two step TB test. Employee #3 failed to provide documentation of a pre-employment physical and annual signs and symptoms.	Y 103		

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Y 103	Continued From page 4 This was a repeat deficiency from the 11/21/08 Annual State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/8/09, the facility failed to ensure 2 of 3 employees met background check requirements (Employee #2 and #3). Employee #2 failed to provide evidence of a state or FBI background check. Employee #3 failed to provide evidence of a signed criminal history statement, fingerprints, and a state and FBI background check. This was a repeat deficiency from the 11/21/08 Annual State Licensure survey. This was a repeat deficiency from the 6/12/09 Complaint investigation survey. This was a repeat deficiency from the 7/10/09 Re-survey. Severity: 2 Scope: 3	Y 105			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext	Y 178			

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Y 178	Continued From page 5 NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/8/09, the facility failed to ensure the interior of the facility was well maintained. Findings include: The facility failed to ensure 1 of 2 sinks in Bathroom #2 was operational. The facility failed to ensure the vents in the hallway near Bedroom #3 were clean and free of accumulation of dirt. The facility failed to ensure the counters in the kitchen were clean. The facility failed to ensure Bathroom #1 was free of mold, mold was found near the baseboards around the toilet. The facility failed to ensure the shower in Bathroom #1 was clean. The facility failed to ensure the closet doors in the Master Bedroom and Bedroom #4 were operational. The closet doors were off their track. Severity: 2 Scope: 3	Y 178		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must	Y 274		

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Y 274	Continued From page 6 be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 10/8/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. The facility failed to follow the posted menu for 2 of 2 meals observed in the facility. Interview with Resident #4 revealed she did not get enough food during the day. Employee #1 stated the facility always provides enough food for the residents. Later in the day Resident #4 stated she received extra food that day. Severity: 1 Scope: 3	Y 274			
Y 371 SS=F	449.224(2) Housing for Staff Members NAC 449.224 2. Members of the staff of the facility and their families who live at the facility shall be deemed residents of the facility for the purposes of determining the number of toilets, lavatories and tubs or showers used by the members of the staff of the facility or their families must comply with the provisions of NAC 449.222	Y 371			

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Y 371	Continued From page 7 This Regulation is not met as evidenced by: Surveyor: 28276 NAC 449.222 2. Each residential facility that was issued an initial license on or after January 14, 1997 must have: (a) A flush toilet and lavatory for each four residents. Based on observation on 10/8/09, the facility only provided 2 of 3 toilets required for the 10 people residing in the facility (seven residents, Employee #1, Employee #1's mother and brother). Severity: 2 Scope: 3	Y 371			
Y 434 SS=E	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/8/09, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 3 of 12 months (July, August and September of 2009). This was a repeat deficiency from the 11/21/08	Y 434			

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Y 434	Continued From page 8 State Licensure survey. Severity: 2 Scope: 2	Y 434			
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/8/09, the facility did not ensure smoke detectors were tested 2 out of the past 12 months (August and September of 2009). This was a repeat deficiency from the 11/21/08 State Licensure survey. Severity: 2 Scope: 1	Y 444			
Y 521 SS=D	449.259(1)(g) Supervision of Residents NAC 449.259 1. A residential facility shall: (g) Ensure that each resident's clothes are clean, comfortable and presentable. This Regulation is not met as evidenced by:	Y 521			

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Y 521	Continued From page 9 Surveyor: 28276 Based on interview and observation on 10/8/09, the facility failed to ensure 1 of 7 resident's clothes were clean and presentable (Resident #5). Findings Include: On 10/8/09 Resident #5 was dressed in a pair of pants, t-shirt and jacket. Resident #5's jacket had stains on the front and on the sleeves. Resident #5's pants had large stains down the front. Severity: 2 Scope: 1	Y 521			
Y 530 SS=C	449.260(1)(e) Activities for Residents NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities. This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and observation on 10/8/09, the facility failed to provide activities for 7 of 7 residents. Findings Include: The facility failed to have a current activity calendar posted. On 10/8/09, the facility had the September 2009 activity calendar posted. On 10/8/09 at 9:53 AM interview with Resident #2	Y 530			

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Y 530	Continued From page 10 revealed the facility did not provide any activities for the residents. Most of the residents sit and watch television all day. On 10/8/09 at approximately 11:20 AM interview with Resident #6 revealed the facility did not provide any activities for the residents. Resident #6 would like to go on outings, the resident stated Employee #1 says she will take the resident for outings, but then never does. Resident #6 feels the facility is run more like a prison than a group home. On 10/8/09 at 2:09 PM interview with Resident #7 revealed the facility did not provide any activities. When asked if she would like to participate in any activities she stated there were only two residents in the facility that "were not bonkers" so she did not feel games would be very much fun. On 10/8/09 from 9:45 AM through 4:00 PM residents were observed sleeping, watching television, eating and walking through the facility. The residents did not participate in any activities during the observation period. Severity: 1 Scope: 3	Y 530			
Y 755 SS=D	449.2722(3)(a)-(f) Bowel & Bladder Incontinence NAC 449.2722 3. The caregivers employed by a residential facility with a resident who has a manageable condition of bowel or bladder incontinence shall ensure that: (a) If the resident can benefit from scheduled toileting, he is assisted or reminded to go to the	Y 755			

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Y 755	<p>Continued From page 11</p> <p>bathroom at regular intervals. (b) The resident is checked during those periods when he is known to be incontinent, including during the night; (c) The resident is kept clean and dry; (d) Retraining programs are designed by a medical professional with training and experience in the care of persons with bowel or bladder dysfunction; (e) The retraining programs established for a resident are followed; and (f) Privacy is afforded to the resident when care is being provided.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and observation on 10/8/09, the facility failed to provide assistance to the bathroom and to keep 1 of 7 residents clean and dry (Resident #5).</p> <p>Findings Include:</p> <p>During an interview at 10:20 AM with Resident #5, he urinated in his pants, as evidenced by wet stains on the front of his pants and the smell of urine. Resident #5 walked through the front room of the facility at 3:54 PM with a wet mark down the front of his pants.</p> <p>Interview with Resident #4 revealed Resident #5 does not like to take showers and often smells of urine. During an interview Employee #1 stated Resident #5 is combative and it is difficult to convince him to take a shower.</p>	Y 755			

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Y 755	Continued From page 12 This is a repeat deficiency from the 6/12/09 Complaint investigation survey. Severity: 2 Scope: 1	Y 755			
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/8/09, the facility failed to ensure that 5 of 7 residents received a physical prior to admission (Resident #2, #4, #5 and #6). This was a repeat deficiency from the 11/21/08 Annual State Licensure survey. This was a repeat deficiency from the 6/12/09 Complaint investigation survey. Severity: 2 Scope: 3	Y 859			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order	Y 878			

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Y 878	<p>Continued From page 13</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 10/8/09, the facility failed to ensure that 1 of 7 residents received medications as prescribed (Resident #5).</p> <p>Findings Include:</p> <p>Resident #5 was prescribed Aricept (mild to moderate Alzheimer's dementia) 10 milligrams (mg) one tablet every day and Lisinopril (hypertension) 20-12.5 mg one tablet by mouth every day.</p> <p>A note from the doctor dated 9/10/09 documented the resident refused to take his Aricept and Lisinopril.</p> <p>Review of the Medication Administration Record for the months of September and October 2009 reflected Resident #5 was not receiving his Aricept or Lisinopril.</p>	Y 878			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 878	Continued From page 14 This was a repeat deficiency from the 11/21/08 Annual State Licensure survey. This was a repeat deficiency from the 6/12/09 Complaint investigation survey. This was a repeat deficiency from the 7/10/09 Re-survey. Severity: 2 Scope: 1	Y 878		
Y 885 SS=E	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/8/09, the facility failed to destroy eleven medications for 4 of 12 residents Resident #8 (discharged resident), Resident #9 (discharged resident), Resident #11 (discharged resident) and Resident #12 (referenced resident).	Y 885		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

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Y 885	Continued From page 15 Severity: 2 Scope: 2	Y 885			
Y 890 SS=C	<p>449.2744(1)(a)(1)-(4) Medication / Receipt Log</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(a) A log for each medication received by the facility for use by a resident of the facility. The log must include:</p> <p>(1) The type and quantity of medication received by the facility.</p> <p>(2) The date of its delivery;</p> <p>(3) The name of the person who accepted the delivery;</p> <p>(4) The name of the resident for whom the medication is prescribed; and</p> <p>(5) The date on which any unused medications is removed from the facility or destroyed.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and observation on 10/8/09, the facility failed to provide a medication delivery log for 7 of 7 residents (Resident #1, #2, #3, #4, #5, #6 and #7). Employee #1 stated the facility did not keep a record of the receipt of resident's medications.</p> <p>Severity: 1 Scope: 3</p>	Y 890			

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Y 905	Continued From page 17 each day from September 1, 2009 through October 6, 2009. Resident #4 did not take any medication 10/7/09 or 10/8/09 in the AM. Employee #1 stated Resident #4 did not ask for the medication on those two days. Resident #4 was interviewed regarding her medications. Resident #4 stated the only medication she asked for is a pain medication. The facility failed to ensure the medication was onsite during the survey. Employee #4 stated the facility did not maintain a medication delivery log. The medication was delivered 10/8/09 in the afternoon. Severity: 2 Scope: 2	Y 905			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/8/09, the facility failed to ensure 4 of 7 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #2, #5, #6 and #7) which	Y 936			

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Y 936	<p>Continued From page 18</p> <p>affected all residents. Residents #2, #6 and #7 files failed to provide evidence of a two step TB test. Resident #5's file provided evidence of a one step TB test read on 5/31/09, but no evidence of a second step.</p> <p>This was a repeat deficiency from the 11/21/08 Annual State Licensure survey. This was a repeat deficiency from the 6/12/09 Complaint investigation survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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